



BROKEN ARROW FALL VOLLEYBALL LEAGUES

<i>Division</i>	<i>Night</i>	<i>Cost</i>
<i>Coed Power 4's & 6's</i>	<i>M</i>	<i>\$165</i>
<i>Women's 4 on 4</i>	<i>Tue</i>	<i>\$110</i>
<i>Intermediate 1</i>	<i>Th</i>	<i>\$165</i>
<i>Reverse Coed League 4's & 6's</i>	<i>Th</i>	<i>\$165</i>

Deadline: August 8th Begins: August 11th
Thursday Leagues will begin August 21st

For more information contact Melissa Parker at 259-8438 or

MParker@brokenarrowok.gov

**There will be a team limit per division so sign up soon! Prizes will be
given to final tournament!**

User understands that there are risks and dangers involved in recreational activities, and agrees to accept these risks knowingly and voluntarily, and waives any and all claims, causes of action, or damages of any kind or nature, including but not limited to any foreseen or unforeseen personal injury, property damages or other losses or damages against CITY which may arise out of or in connection with any aspect of USER'S experience. I understand by signing this document that CITY will rely on this statement, that the terms of this agreement are contractual in nature and are specifically designed to protect the CITY.

Team Registration

Team Name _____ League _____

Team Captain's Name _____

Team Captain's Phone number _____

Team Roster

Player's Name _____ Phone # _____

Address _____ City _____ Zip _____

Male _____ Female _____ email _____

Player's Name _____ Phone # _____

Address _____ City _____ Zip _____

Male _____ Female _____ email _____

Player's Name _____ Phone # _____

Address _____ City _____ Zip _____

Male _____ Female _____ email _____

Player's Name _____ Phone # _____

Address _____ City _____ Zip _____

Male _____ Female _____ email _____

Player's Name _____ Phone # _____

Address _____ City _____ Zip _____

Male _____ Female _____ email _____

Player's Name _____ Phone # _____

Address _____ City _____ Zip _____

Male _____ Female _____ email _____

Player's Name _____ Phone # _____

Address _____ City _____ Zip _____

Male _____ Female _____ email _____

Player's Name _____ Phone # _____

Address _____ City _____ Zip _____

Male _____ Female _____ email _____

Substitution #1 _____

Substitution #2 _____

Players must be on the roster to play.

Rosters need to be finalized by the third week of play.

Make checks payable to CITY OF BROKEN ARROW.

